



HCUP SUPPLEMENTAL FILES REQUEST FORM

HCUP Supplemental Files are available free of charge on CD-ROM. To request a copy, complete this form and submit it to the HCUP Central Distributor via fax, e-mail or mail. Orders are usually filled in 5-7 business days.

Toll-free fax: 866-792-5313

E-mail: HCUPDistributor@ahrq.gov

Mail: HCUP Central Distributor
Social & Scientific Systems, Inc.
8757 Georgia Avenue, 12th Floor
Silver Spring, MD 20910

Contact and Mailing Information:

Name:		
Organization:		
Street Address:		
City:	State:	Zip Code:
Phone Number:	Fax:	
E-mail:		

Select Databases: Mark boxes for the data you are requesting. Please refer to the **Tools & Software** section of the HCUP User Support Website (<http://www.hcup-us.ahrq.gov/>) for detailed information about the HCUP Supplemental Files. **NOTE:** HCUP Supplemental Files are designed exclusively for linkage with HCUP databases.

HOSPITAL COST-TO-CHARGE RATIO FILES, for linkage with:	2001	2002	2003	2004	2005	2006
Nationwide Inpatient Sample (NIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Inpatient Databases (SID)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kid's Inpatient Databases (KID)	Not Available	Not Available	<input type="checkbox"/>	Not Available	Not Available	<input type="checkbox"/>

HOSPITAL MARKET STRUCTURE FILES, available only for 1997, 2000 and 2003	<input type="checkbox"/> 1997	<input type="checkbox"/> 2000	<input type="checkbox"/> 2003
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The information above is maintained by AHRQ for the purpose of record keeping. This information may also be used by AHRQ to create an HCUP mailing list. The mailing list allows AHRQ to send users information such as notices about the release of new databases and errata when data errors are discovered. Please check the box below if you wish to be included on the HCUP mailing list.

☐ **Please include me on the HCUP mailing list.**

For Internal Use Only:	Date Received:	Date Shipped:
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